

4104 Rosemary Street  
Chevy Chase, Maryland 20015  
August 24, 1967✓

Dr. Leonel Tavares Miranda de Albuquerque  
Ministro da Saúde  
Ministério da Saúde  
Brasília, D.F., Brasil

Dear Mr. Minister:

It is indeed a shock to learn that Belém do Pará is once more infested with Aedes aegypti. The reinfestation of Belém, lying as it does at the mouth of the Amazon, represents a threat of ready reinfestation of the Amazon Valley of Brazil and Peru in the immediate future, and eventually of the Amazon regions of Bolivia and Colombia. On the other hand is the immediate threat of extension by boat along the northern coast of Brazil and by highway to the interior of the Tocantins Valley.

I am reminded that the eradication of Aedes aegypti in Brazil required between 1931 and 1958, 617,000,000 house visits. Present conditions in Brazil, with its greatly increased urban population, the multiplication of automobiles and automobile highways, and the great increase in disposable containers of all kinds suitable for aegypti breeding would greatly increase this figure were Aedes aegypti to be permitted to spread once more throughout the country.

The purpose of this letter, however, is not to discuss the internal problem of Brazil, since you have available such experienced workers as Drs. Octavio Pinto Severo and Solon Camargo in Rio; also, I would mention that Dr. Oswaldo da Silva, who was largely instrumental in the elimination of Aedes aegypti from Belém in the 1930s, is most opportunely returning to Brazil this week.

My purpose in writing you at this time is to remind you that Brazil has been free of Aedes aegypti-transmitted yellow fever since 1942; this freedom from aegypti-transmitted yellow fever has been guaranteed at a very minimum cost to Brazil through the program for the eradication of Aedes aegypti in the Western Hemisphere. The elimination of Aedes aegypti from Uruguay, Argentina, Paraguay, Bolivia, Peru, Guyana, and French Guiana all served to protect Brazil from reinfestation.

It should be noted in passing that the effective mandate to the Pan American Sanitary Bureau for the eradication of Aedes aegypti in the Americas was based on a proposal made by the Government of Brazil in 1947. During the early years of the international campaign, Brazil made a real contribution through assigning a number of doctors and inspectors to work with the Pan American Sanitary Bureau with salaries paid by the Government of Brazil.

Dr. Leonel Tavares Miranda de Albuquerque

August 24, 1967

The program for the eradication of Aedes aegypti was successful in Argentina, Bolivia, Brazil, Ecuador, Paraguay, Peru, Uruguay, Guyana, and French Guiana in South America. It succeeded also in Colombia, except for a small frontier area at Cúcuta subject to constant reinfestation from Venezuela. Likewise the program succeeded in Panama, Costa Rica, Nicaragua, Honduras, El Salvador, Guatemala, British Honduras, and México.

Unfortunately, the appearance of resistance to DDT and other residual insecticides in Aedes aegypti in certain parts of the still infested areas led to the interruption of eradication campaigns in some places and delays in completion of eradication in others. The result is that there has been very little progress made in the past four years other than the initiation of the program for eradication in the United States and Puerto Rico. On the other hand, there has been a definite worsening of the situation with the reinfestations of El Salvador, Guyana, French Guiana, several of the small West Indies islands, and Trinidad which otherwise would undoubtedly be free of Aedes aegypti today. To these reinfestations must be added a reinfestation of México in 1965, two reinfestations of México in 1967, and the recently discovered reinfestation of Belém do Pará.

The Governing Bodies of the Pan American Health Organization, since 1958, have unanimously passed resolutions each year urging the completion of the eradication of Aedes aegypti in this Hemisphere. As a result of a particularly mandatory action of the XVII Conference (1966), the Pan American Health Organization has held, in April 1967, a conference of representatives of all of the American countries, excepting Canada, followed by a Study Group to evaluate the present situation and make recommendations to the Director of the Pan American Sanitary Bureau. Brazil was represented in the Conference by Dr. Aníbal Rodrigues dos Santos; other Brazilians present were Dr. Solon de Camargo and Dr. Octavio Pinto Severo as observers. (Other Brazilians present as members of PAHO staff were Dr. Alfredo M. Bica, Chief of the Communicable Diseases Branch; Dr. Oswaldo da Silva, Chief of the Malaria Eradication Branch; and Dr. Vicente P. Musa, Medical Officer of the Communicable Diseases Branch.) Drs. Camargo and Severo were members of PAHO's Study Group, the sessions of which were attended also by Drs. Bica, Silva, Musa, and Fausto. The reports of the Conference and of the Study Group are attached to the Directing Council document CD17/15 of August 7, 1967 which should be in your hands.

I have followed with a great deal of interest the fate of campaigns against Aedes aegypti since 1930 when I first became personally involved in the program in Brazil. I shall not at this time discuss the technical aspects of the Aedes aegypti problem, other than to point out that the problem of resistance to DDT and to other insecticides is no longer an insuperable obstacle to the eradication of Aedes aegypti.

Aedes aegypti eradication in the remaining infested areas requires the overall coordination and synchronization of programs in many small

Dr. Leonel Tavares Miranda de Albuquerque

August 24, 1967

political units. As the Study Group recognized, effective coordination will require the direct administrative participation of the Pan American Sanitary Bureau in certain areas. The Pan American Health Organization administrative structure at headquarters, at the Zone Offices, and in the individual country is geared to giving consultant services to the development of long-term health programs in individual countries. It is not adapted to the type of close observation and participation needed in the concluding phase of a continental eradication effort.

Aedes aegypti eradication is not something which can be efficiently developed by the traditional small annual increase of the regular budget; eradication requires the maximum use of funds in a short period of time.

It is obvious that the completion of the eradication of Aedes aegypti and the defense of eradicated areas require special funds beyond those presently budgeted. But the effective use of such funds cannot be envisaged in the absence of a special administrative unit with the freedom of action of the type recommended by the Study Group for national Aedes aegypti services. If Aedes aegypti eradication is to be attained efficiently, there must be a focus of responsibility for the program and for the results of the program.

The countries or organizations contributing special funds for Aedes aegypti eradication are entitled to the assurance of high level technical and administrative control of the application of these funds. Fortunately, a pattern for the operation of special funds has been set in the Americas by the Institute of Nutrition of Central America and Panama, and on the world scene by the cancer agency operating under the aegis of the World Health Organization.

It is proposed that the headquarters of the Aedes aegypti Eradication Agency should not be in Washington but close to the principal field of operations and in a presently infested country; I would propose Jamaica.

The Agency should be free of PAHO's bureaucratic hierarchy and its salary scales and fringe benefits. The Agency should be able to pay what may be required to get top administrative direction; it should also be able to pay less than PAHO's schedules for certain personnel working in infested areas, even though such infested areas may include several political units. The Director of the Agency should be able to deal directly with national authorities just as does the Director of INCAP.

I would recommend that the orientation and recommendations for program and budget of the Agency come from a special governing council, thus giving concrete function to the meetings recommended by the XVII Pan American Sanitary Conference in Resolution XIX, subparagraph 5:

"...frequent and periodic meetings, under the aegis of the Bureau, of the national authorities responsible for the programs."

Dr. Leonel Tavares Miranda de Albuquerque

August 24, 1967

The Director of the Agency should be in a position to negotiate with national governments the enforcement of necessary measures to prevent maritime movement of Aedes aegypti from country to country.

The Director of the Agency should be free to utilize the Agency's staff freely, wherever needed at the moment; there should be no long-term commitments as to the distribution of international personnel.

The Aedes aegypti Eradication Agency should not limit its action to programs in known infested areas, but should maintain contact with surveillance programs in eradicated countries; the Agency should work in the interest of all of the nations of the region in the prevention of Aedes aegypti-transmitted virus diseases: yellow fever, dengue, hemorrhagic fever, and encephalitis.

The proposal to create a semi-autonomous Aedes aegypti Eradication Agency is intended to permit effective administrative coordination and support needed without disrupting the present structure of the Pan American Health Organization, geared essentially to furnishing consultant services for which there is no end point.

I believe a study of this proposal will indicate that a more economical use of staff can be made than with the present proposal to have consultants at headquarters, in the Zone Offices, and in individual countries.

Enclosed herewith is a draft Statute for a Pan American Aedes aegypti Eradication Agency to function as a semi-autonomous organization for the specific purpose of completing the eradication of Aedes aegypti. I am forwarding this in the hope that your Government may see fit to give it serious consideration as a proposal to be made at the Directing Council of the Pan American Health Organization in Port-of-Spain.

I am sending a similar communication to Dr. Pedro Daniel Martínez, the Under-Secretary of Health of México. I believe you will agree with me that this proposal can be most suitably made by countries which have eradicated Aedes aegypti and have been reinfested.

Respectfully yours,

Fred L. Soper  
Emeritus Director  
Pan American Sanitary Bureau

cc: Dr. Manoel José Ferreira